

## The WHO: change or die

*Reform must begin now but will depend on a new leader*

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We need a worldwide body for health. Many health problems cannot be tackled by individual countries alone. Some problems—like infectious diseases, drug misuse, and the health consequences of climatic change—pay no attention to national boundaries. Disasters like those that have happened in Rwanda and Bosnia need a response that cannot be mounted by single countries. Many poor countries must tackle immense health problems with hopelessly limited resources, and they need good technical help and advice. And all countries, including rich ones, need international leadership on health that sets standards. Perhaps, for instance, an effective world body for health could help the United States respond to its dreadful health problems, which give many of its citizens Third World health standards.

Unfortunately, we don't have an effective, efficient, responsive, well managed body to provide the world with leadership on health. What we have is the World Health Organisation, which—despite some spectacular successes in the past and some continuing successes now—is in poor shape. As Fiona Godlee has illustrated in her series that ends today (p 583), the WHO lacks effective leadership and is unclear about its mandate, direction, and priorities. In addition, it is overcentralised at headquarters and regions, top heavy, poorly managed, and bureaucratic and smells of corruption. It carries too many staff who are mediocre political appointees. The result of these concerns is that many donor countries are cutting their contributions to the WHO or switching them to what are called in its jargon “extrabudgetary programmes,” which means that the donors can have more control over how their funds are spent. These moves serve to exacerbate the problems of the WHO.

So how can the world get out of this mess and ensure that it has an effective worldwide body for health? One thing we must recognise at the outset is that operating on a world stage is not easy. All of the United Nations organisations, of which the WHO is one, are under scrutiny at the moment. In the early days of the UN organisations the former colonial powers exercised an influence that is no longer politically acceptable, but at the same time international bodies in which the Cape Verde Islands have the same voting power as the United States are likely to come unstuck. The member states of the UN organisations are inclined to give to the organisations the most difficult problems—like sorting out Bosnia or leading the attempts to control HIV infection—and then to turn on and off the flow of resources and constantly criticise. We will all do

well to remember that when it comes to world bodies “there is no them but only us.”

The first thing that the WHO needs is effective leadership, and that means a change of leader. Hiroshi Nakajima, the current director general (who is interviewed by Fiona Godlee on p 583), is politically astute and well connected, but he is not capable of achieving the major reform that is currently needed. It is hard for any leader who has been in post as long as he has to effect major change. A new leader would have the benefits of a honeymoon period and a strong appetite for reform among both staff and member states. Any new leader would have to understand that leadership is about setting a vision and motivating people to want to achieve that vision, not about command and control. To that end, it might be a good thing if the next director general was not a doctor, because doctors have a poor record on leadership. The WHO needs somebody in the mould of Gandhi or Nelson Mandela. It needs a leader who can flourish in rapidly changing circumstances and respond to a political agenda. The leader must recognise, for instance, the political reality of needing to operate in a world where people seem unwilling to elect what the Americans call “tax and spend” governments.

### Set priorities

The primary tasks of the new leader and his or her team would be to clarify the role of the WHO, set priorities, and cut staff. The WHO clearly cannot continue to try to do everything; instead of doing many of 120 things badly it should do a dozen things well. And the priorities are probably not the eradication of more diseases but rather setting standards on running health services and promoting health, providing advice and training to member states, and speaking up for the many marginalised peoples in the world.

The leadership would simultaneously need to begin on a programme of structural reform. The power of the director general and the regional directors should be reduced. The number of staff in Geneva and regional offices should be cut dramatically. The role of regions should be rethought, and there should be more investment and training at country level. Staff should be recruited on merit through search and interview rather than election or political patronage, and they should have objectives set in relation to the priorities identified by the organisation. The staff should be provided with training to help them achieve their objectives. Budgets

should be set in relation to the priorities and constantly reviewed. In other words, the WHO should follow standard practices followed by effective organisations.

Although major reform is unlikely with Nakajima in post, he has begun to prepare the ground for reform. It began in January with important budgetary shifts and the setting up of various working groups, one of which will look at limitations on the terms served by the director general and regional directors and methods of appointing new ones. If the World

Health Assembly in May will agree to a limit of two terms for the director general (meaning that Nakajima would have to go at the end of this term in 1997, when he will be 69) and to the WHO not trying to do everything, then there is hope for the WHO. But if Nakajima wins a third term the future is bleak.

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## Copenhagen's challenge

### *To balance budgets without unbalancing lives*

With the end of the cold war comes an urgent need to address what the United Nations' secretary general, Boutros Boutros-Ghali, defines as a "new crisis in human security."<sup>1</sup> The symptoms are worsening internal conflicts, urban slums, rising social tensions, and the disaffection of large numbers of people from their societies, governments, and institutions. Internationally, population growth, increased numbers of refugees, the weapons trade, drug trafficking, and the threat to the biosphere from overconsumption and pollution all call for a shift from providing security through arms to providing it through social development.

Underlying many of these problems is the increasing economic division between rich and poor people. In Brazil, for example, the wealthiest fifth of the population receives 26 times the income of the bottom fifth.<sup>2</sup> This may be an extreme case of national inequality, but globally the contrast is even starker—the richest fifth have 150 times the income of the poorest fifth—the disparity having doubled over the past 30 years or so.

At next week's world summit for social development in Copenhagen the UN will examine some of the seemingly intractable social and economic problems that are devastating parts of our planet. On the eve of the UN's 50th birthday the summit will bring together around 100 heads of state to discuss three main themes: the eradication of poverty, the creation of jobs, and the fostering of social integration. The intention is to build on the commitments made in previous summits (children's rights, the environment, human rights, and population) and formulate an integrated plan of action to encourage governments and the private sector to invest in people.

Do summits achieve change or are they just expensive talk-shops? The UN Convention on the Rights of the Child has undoubtedly brought benefits to British children<sup>3</sup>—for example, the Children Act 1989. But the "earth summit" in Rio de Janeiro left unresolved a key issue—whether the North would commit additional aid to the South to implement environmentally sound policies. Since then Northern governments have cut back on their official development assistance, which fell from \$60bn in 1992 to \$55bn in 1993. This threatens the implementation of Agenda 21<sup>4</sup>—"the earth's action plan"—which was a principal outcome of the conference in Rio. The plan pointed clearly to the need to address current imbalances in the global patterns of consumption and production.<sup>5</sup>

Every UN meeting is beset by a strong conflict of interest between North and South, and this one will be no exception. The South hoped that the objective of eradicating poverty

would be properly funded, but these hopes have been dashed by concerted opposition from Japan, the United States, and the European Union.<sup>6</sup> Many people fear that the summit is in danger of collapsing under the weight of its unimaginably ambitious agenda—"a wish list" covering economic problems (poverty and inequalities in income), social concerns (equality between the sexes and homelessness), and welfare issues (the rights of children, elderly people, disabled people, and refugees).

A key battle will be fought over structural adjustment programmes imposed by the International Monetary Fund and World Bank on governments as part of a package to relieve debts. These programmes have meant hardship for people throughout the Third World in many aspects of their lives—health, education, work, and culture.<sup>7</sup> The North, however, is reluctant to be drawn into the debate on adjustment, counterclaiming that the social ills of poor countries are due to poor government planning, lack of market mechanisms, corruption, and restrictions on human rights.

### **Preserve spending on health**

Modern adjustment programmes are equipped with safety nets supposedly to protect the worst hit people, but they often do not work because governments do not have the money to fund them. The "20/20 initiative" promoted by Unicef, the World Health Organisation, and other UN bodies calls on donor and developing countries to increase their spending on basic social services, including health care, to 20% of total official development assistance and 20% of national budgets respectively. In addition, there is a longstanding commitment for donor countries to increase official development assistance to 0.7% of their gross national product—a pledge that many, including Britain, have failed to keep but that is referred to in the draft declaration of the conference. The people of the South need a definite commitment that spending on health, food, shelter, education, and water supply will be protected.

Cuts in government spending, dictated by adjustment, usually mean cuts in the provision of health care and the introduction of "user charges" for health care. For example, researchers claim that the effects of such cuts are beginning to show in indicators of health status in Zimbabwe for the first time since independence.<sup>8</sup> The number of women dying in childbirth in Harare more than doubled in the first two years after the introduction of an economic structural adjustment programme. While it is difficult to prove a causal relation between these events, the *prima facie* case is compelling. User